**MEDICAL AND LIABILITY RELEASE**

I understand that playing or participating in Club Gemini open gyms or camps is a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this open gym or camp, an athletic participant can be seriously hurt.

I am aware that the dangers and risks of my child’s playing or participating in the above sport include, but are not limited to, falls, and contact or collisions with other participants, equipment and facilities. I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to Club Gemini, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised Club Gemini of any limitations on my child’s activities.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport; and in consideration of my child being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child to assume all such risk and, further, to waive, release, discharge and hold harmless the facility, Bill McKee, Club Gemini, and their respective volunteers , agents, representatives, trainers, and coaches from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child’s/ playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, including but not limited to, negligence.

The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child and our heirs, executors, administrators, guardians of anyone else who might assert a claim on our behalf.

I hereby consent to permit Bill McKee and/or other coaches or volunteers to obtain emergency first-aid or medical treatment for my child, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. Furthermore, my signature as a parent or guardian below grants my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare to my child in the case of an accident or emergency. This permission includes admission to area hospitals if necessary.

Full Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent or Legal Guardian/Date